

**APPLICATION FOR APPROVAL OF NEW SECONDARY CAREER AND  
TECHNICAL EDUCATION PROGRAMS  
FOR SCHOOL YEAR 20\_\_\_\_\_ - 20\_\_\_\_\_**

School \_\_\_\_\_ Date Submitted \_\_\_\_\_

Career and Technical Education Program \_\_\_\_\_

Name and position of person submitting application \_\_\_\_\_

Name and certification of instructor who will be responsible for implementing this program:

1. Name \_\_\_\_\_

2. Instructor has certification in the Career and Technical Education area  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, expiration date of teacher's certificate \_\_\_\_\_

Is the teacher endorsed or certified in the program area? Yes \_\_\_\_\_ No \_\_\_\_\_

If No, is there a professional development plan (PDP) on file with the Office of Career and  
Technical Education? Yes \_\_\_\_\_ No \_\_\_\_\_

Teacher contract date: From \_\_\_\_\_ to \_\_\_\_\_

3. List other areas of career and technical (vocational) endorsement(s):

4. Social Security Number \_\_\_\_\_

5. E-mail Address \_\_\_\_\_

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Please respond to the following statements:

1. A. Identification and description of program:

B. What courses will be taught in this program? How many Carnegie units will be  
offered?

C. List which academic areas will be integrated into the program:

2. Objectives and purpose of the program:

3. Will a Career and Technical Student Organization (CTSO) be incorporated into this new program? If so, which CTSO will be organized?
4. Population to be served by the program:
5. Projected budget of the program:
- |  |          |
|--|----------|
| Total Salary (Including employee benefits) | \$ _____ |
| Travel                                     | \$ _____ |
| Instructional Materials/Supplies           | \$ _____ |
| Equipment                                  | \$ _____ |
| Other _____                                | \$ _____ |
| (Specify)                                  |          |
| TOTAL                                      | \$ _____ |
6. Program Standards/Competencies to be taught:  
(Use additional sheets as necessary)

***Applications are due NO LATER than March 1<sup>st</sup>, 2006, for implementation fall of 2006.***

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-mail

Mail application to:

Office of Career and Technical Education  
Attn: Gloria Smith-Rockhold  
700 Governor's Drive  
Pierre, SD 57501-2291

For State use only

\_\_\_\_\_  
State Director of Office of Career and Technical Education Signature

\_\_\_\_\_  
Date Received